

speaking, the latter is a higher form of the first. Hebephrenia, which is called also insanity of pubescence or masturbation, is a progressive affection, always beginning at or after puberty. It runs a more or less cyclical course, beginning with depression. There are emotional states, and affective states of an erotic tinge. When the latter exist religious ideas also appear. There are vague and ill-defined delusions of persecution. Simulation is not an uncommon phenomenon. They are disgustingly and obtrusively egotistic. There is a lack of genuineness in their melancholic and maniacal states. Katatonia corresponds to certain cases of melancholia described by Tuke, Sankey, and others. It is a form of insanity originating in early life, which commences by melancholia and passes through maniacal and cataleptoid alternations, attended by the use of theatrical words, manner, and gestures during the period of calm or moderate maniacal excitement. Acute mania: the patient displays violence, is noisy and destructive. There is much motor excitability, and delusions, if existent, are optimistic in character. Lypemania, or melancholia, or dysthymia (of Kahlbaum) exhibits just the converse phenomena. These patients are possessed of either an extended sadness or of purely subjective delusions of persecution. There are usually four types, with frenzy, agitata, attonita, and simple. Progressive paresis, the paralytic dementia, progressive paralysis, general paresis, general paralysis of the insane, general paralysis of various authors, is a type of insanity in which marked physical symptoms affecting the pupils, lips, gait, etc., are commingled with, as a rule, expansive unsystematized delusions. Dementia, which is characterized by a marked weakness of all the mental faculties.

TORTURE AND SEXUAL EXCITEMENT.—The relation between certain auto-mutilations and sexual excitement was long ago remarked by Montaigne, who said that "lust seeks self-stimulation even in pain." It has been noticed that hebephreniacs often mutilate themselves, not from a sense of penance, but with obvious enjoyment. Dr. G. M. Cox (*Alienist and Neurologist*, April, 1883) cites an instance of the relation of these seemingly opposed agencies. The victim was a man—who had a wife and several children—of good character, and otherwise sound mentally; but who, at stated periods, displays certain peculiarities. He has never been known to cohabit with a lewd woman nor to speak an immodest word; yet he is a regular visitor and, in his way, a liberal customer of houses of ill-repute. He goes early in the afternoon, selects two of the largest girls in the house, repairs to a private room, and locks the door. He divests himself of all his clothing, except his trousers and boots. Then, lying on the floor, he commands his companions to walk over his naked chest, neck, and face, taking care to stop and grind his flesh with their boot-heels. He then buys wine for his tormentors, but drinks none himself. This system of self-torture goes on for a couple of hours. It is said that

the ecchymosis thus produced soon disappears. The peculiar satisfaction experienced by the "flagellants" was evidently of an unrecognized sexual origin, and the subject needs investigation.

ANOMALIES OF SEXUAL FEELING IN ANIMALS.—A condition allied to the anomalies of sexual feeling in man has recently been described by Dr. Caton (*American Naturalist*, April, 1883) as occurring among animals. Ulrich had previously called attention to the fact that sexual perversion existed among the coleoptera.

FORENSIC ASPECTS OF FOLIE A DEUX.—Dr. J. G. Kiernan (*Alienist and Neurologist*, April, 1883) cites three instances in which several persons acquiesced in insane delusions, and carried out the objects of these. He believes that the subject is of much forensic importance.

TREATMENT OF MELANCHOLIA.—Dr. J. G. Kiernan (*Detroit Lancet*, March, 1883) makes the following remarks upon this subject: "Should the patient be removed from home? He should, at all events, be removed from the surroundings under which his insanity developed. To do this it may in many cases become necessary to send him to an asylum; but where he can be transferred from his home under tender guardianship and can travel, this measure will not be found necessary. Cheerful surroundings and encouragements to engage in pursuits different from those usual to the patient will often prove of value. Cold sponging helps the deficient capillary circulation. Morphia and cannabis Indica are preëminently indicated. Glonoine and amyl nitrite are especially useful in the atonic condition, and sometimes cut short the affection in the first stage. Tonics are, of course, indicated. When practicable, alcoholic stimulants are of great value. Connolly found sherry-and-egg to act well as a night-cap, and egg-nogg has very similar effects. Turpentine enemata often have good effects on the anæsthesia of the intestinal canal. Artificial feeding is often and preëminently indicated in these cases. The Davidson syringe, with a long tube, passed through a wooden gag with a large opening therein, is the best means of administering food. I have fed patients for months in this way. To prevent anæsthesia of the digestive tract occurring, the food should be given in small quantities frequently repeated. Egg-nogg, alternated with beef-tea-and-egg, is the best form of artificial food. All somatic complications should be guarded against. Emmenagogues should be given to amenorrhœic females. The muscles of the chest walls should be faradized, and, where practicable, massage performed. Constant watchfulness is required in all cases of lypemania. The patient should be induced to labor where close surveillance is practicable. In the first stage, conversation and surroundings of an intelligent, stimulating nature produce a good effect on the patient."